

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	691007	3/25/00
O.I.P.E. CLASSIFIER		59	3/30
FORMALITY REVIEW		71531	5/22/00
RESPONSE FORMALITY REVIEW		10000	11/15/00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
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If more than 150 claims or 10 actions  
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Best Available Copy